

**Margaret Mary Health  
Batesville, Indiana  
Volunteer Application**

*Prospective Volunteers will receive consideration without  
discrimination because of race, creed, color, sex, age,  
national origin or disability.*

Today's Date: \_\_\_\_\_

**Personal Information:**

Legal Name (Last, First, Middle):	Social Security Number:
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Street Address: \_\_\_\_\_

City:	State:	Zip Code:
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Home Phone:	Work Phone:	Email:
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Cell Phone:	Other:	Are you 16 years of age or older?: Yes    No
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**References:**

Two references (not relatives) are required. Reference forms are included with this application. Once completed, forms can be either forwarded directly to the volunteer director (C/O MMH) or returned to the applicant to be given to the volunteer director.

**Emergency Contact Information:**

Name of Contact:	Relationship:	Phone:	Address:
Name of Contact:	Relationship:	Phone:	Address:

**Criminal Background History:**

Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation? \_\_\_\_\_  
If Yes, Please specify below:

Date:	Charge:	Place:	Action Taken:
Date:	Charge:	Place:	Action Taken:

Are you currently doing service as a result of a judges order?    Yes    No  
If yes, for what reason? Specify: \_\_\_\_\_  
Name and number of Probation Officer (if applicable) \_\_\_\_\_

*Note: In each case, the Volunteer Services Department will consider whether the prior criminal or military offence of the applicant will have a bearing on the applicant's capability to perform volunteer service satisfactorily.*

**Please Read Carefully and Sign**

***I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during or after I begin my position as a volunteer may lead to my termination.***

***I hereby authorize Margaret Mary Health to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with MMH Volunteer Services. My signature on this application authorizes MMH Volunteer Services to request written verification as needed.***

***The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.***

***I understand that my volunteer position with Margaret Mary Health means volunteering at MMH's discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of MMH Volunteer Services or myself.***

**Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***Parental/Guardian Permission Required for volunteers under 18 years of age.  
I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with Margaret Mary Health.***

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please mail completed applications and reference forms to:  
Margaret Mary Health-Volunteer Services  
P.O. Box 226  
1155 State Road 229 North  
Batesville, Indiana 47006**